



## CONSENT FORM

### The Physiotherapy Assessment of Breathing Pattern Disorder (PHAB)

### An Evaluation of Physiotherapy Assessment; A Mixed Methods Study to Evaluate the Physiotherapy Assessment of Breathing Pattern Disorder: Stage 1

Participant Identification Number for this trial:

#### Please initial box

I confirm that I have read and understood the information sheet for this study (Version 3 dated 14/3/23) and have had the opportunity to ask questions which have been answered fully.	
I understand that my participation is voluntary, and I am free to withdraw at any time, without giving any reason and without my medical care or legal rights being affected.	
I understand that sections of any of my medical notes may be looked at by responsible individuals from Imperial College London, from Royal Brompton Hospital or from regulatory authorities where it is relevant to my taking part in this research.	
I give / do not give ( <b>delete as applicable</b> ) consent to being contacted to potentially taking part in other research studies.	
I give permission for these individuals to access my records that are relevant to this research.	
I consent to take part in the above study.	

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Person taking consent  
(if different from researcher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher  
(COPIES: 1 for patient, 1 for researcher, and 1 to be kept with hospital notes)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature